

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047362

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 248

FILED DEC 27 1962

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage	
Length of stay in lb 40 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks Hospital		d. STREET ADDRESS (If outside, give location) 1039 Forest	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN D BALL		4. DATE OF DEATH Month Day Year Dec 21 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-24-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy and Creamery		10b. KIND OF BUSINESS OR INDUSTRY Dairy work	
11. BIRTHPLACE (City and state or country) Servieville Tenn		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Carroll Ball		13b. MOTHER'S MAIDEN NAME Effie	
14. NAME OF HUSBAND OR WIFE Irma F Masters		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	
16. INFORMANT 7 A Irma Ball		17. ADDRESS 1039 Forest, Carthage Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral infarct with metastases to brain + abdomen</i> DUE TO (b) <i>Myocardial infarction</i> DUE TO (c) <i>Myocardial infarction</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from about 1946 to 12-21-62 and last saw her alive on 12-21-62 Death occurred at 11:35 pm on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>W. McArthur M.D.</i> MO 22b. ADDRESS Carthage, Mo 22c. DATE SIGNED 12-22-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-24-62	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) Carthage (State) Mo
24. FUNERAL DIRECTOR KNELL MORTUARY Carthage, Mo		25. DATE RECD. BY LOCAL REG. 12-22-62	26. REGISTRAR'S SIGNATURE <i>Ely Clinton</i>

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1963

JAN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by John A. McConnell, Student Embalmer No. 683

working under my personal supervision.

Student John A. McConnell  
Signature of Student Embalmer

Signed Frank W. Hall

Licensed Embalmer No. 4440

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.